

**PERSONNEL CABINET
GROUP LIFE INSURANCE ADMINISTRATION
SUPPLY REQUEST
PRUDENTIAL INSURANCE COMPANY**

Form #	Name of Form	Quantity Needed
IFS-A 106269 Ed.7/05 7334-0705-93.5M	New Employee Enrollment Packet Packet contains: ✓ Enrollment/Change/Termination Form ✓ Designation of Beneficiary Form ✓ Brochure ✓ Questions and Answers ✓ Certificate Booklet	_____
GL.2005.222 ED.7/2005	Enrollment/Change/Termination Form	_____
GL.2005.221 ED.7/2005	Designation of Beneficiary Form	_____

Mail order to: _____
Location (Agency/Board)

Attention

Street Address

City State Zip

(Area Code) Phone Number

Mail or fax request to: Personnel Cabinet
Group Life Insurance Administration
200 Fair Oaks Lane, Room 503
Frankfort, Kentucky 40601
(502) 564-4774
(502) 564-4034 – Fax

Group Life Insurance Use Only Date Received:
Date Mailed:
Mailed by:
Location Number: